

University of Missouri-Kansas City School of Medicine  
Internal Medicine Residency Program

Rotation Information Form

Hospital: Truman Medical Center – Hospital Hill

Rotation: Medical Consultation – Silver Service

Responsible physician(s): Selected Docents

UMKC Appointment: Yes

Other participating physicians: None

Duration (1 month is recommended)  
Is one month possible: Yes  
Is two months possible: No

Any months not offered: No

Maximum number of residents at one time: 2      Minimum: 2

Average number of inpatients: 20

Average number of consults: 10

Will any outpatient or office experience be included: No

List of conferences that the resident may attend: Noon Conference daily, Morning Report daily, Didactic Sessions by faculty daily, Grand Rounds weekly

Schedule for a typical day, including regular occurrences (other than conferences noted above) that may not occur on a daily basis, but occur during the week or month:

7:00 am	Rounds
8:15 am	Morning Report
9:00 am	Rounds
10:00 am	Rounds
11:00 am	Didactic Session
12:00 noon	Noon Conference
1:00 pm	Rounds
2:00 pm	Rounds
3:00 pm	Rounds
4:00 pm	Rounds
5:00 pm	Check-Out Rounds

Procedures the resident will perform: thoracentesis, abdominal paracentesis, pulmonary artery catheter placement, central venous catheter placement, arterial line placement, lumbar puncture

Procedures the resident will assist: all above procedures as experience and proficiency dictate

Procedures the resident will observe: no procedures are excluded

Procedures the resident will NOT be permitted to perform: none

Will the resident have primary patient responsibility: Yes

Will the resident be permitted to perform the initial examination of the patient and initiate therapy: Yes

Additional Comments: Medicine consults for surgeons will be completed and reviewed with the faculty. Communication with the consulting physician, implementation of diagnostic and therapeutic plan and ongoing follow-up of consult issues will be the responsibility of the resident. Didactic sessions will focus on completing this process efficiently and effectively.

Approved: David Bamberger, MD

Title: Program Director

Date:

Updated: March 2005

## **Introduction**

This curriculum description for the categorical Internal Medicine Residency Program at the University of Missouri Kansas City is formatted to incorporate the six newly defined areas of competency as described by the Accreditation Council for Graduate Medical Education (ACGME), incorporated under Principal Education Objectives below. The objectives are described for each of the six competencies: Patient Care, Medical Knowledge (including Clinical Competencies), Practice Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and System-Based Practice. The educational objectives are listed with the learning venues, methods for assessing residents' performance, and where applicable for knowledge areas, PGY designated for completion of the objective and a priority index. Priority 1 indicates relatively frequent and important conditions; Priority 2 indicates less frequent conditions than Priority 1, but equally important, and residents should at least see the patients in a group and participate in team discussions; and Priority 3 indicates even less frequent, or less important conditions than Priority 2 and residents can learn about this condition by reading or attending lectures.

The curriculum for the core rotations have been organized under the following sections:

- (A) Overview
- (B) Principal Teaching /Learning Activities
- (C) Principal Educational Objectives
- (D) Recommended Resources
- (E) Evaluation Methods

The curriculum will be reviewed at least on an annual basis.

## **MEDICAL CONSULTATION CURRICULUM**

### **(A) Overview**

All PGY 2-3 residents will rotate for at least one month on the Medicine Consultation / Silver Medicine service. The focus of the experience will be hospital consultations for patients on surgical, obstetric and gynecology, and psychiatric services. The service will also provide primary care for some patients as consult volumes dictate.

### **(B) Principal Teaching/Learning Activities**

- **Morning Report (MR)** - Every Monday through Thursday, all residents meet with Internal Medicine faculty members and the Chief Resident to discuss a case selected by the presenting PGY2 or PGY3 with focus on the development of a systematic differential diagnosis, current review of the disease process, diagnostic and treatment strategies. Monthly attendance requirement is 70%.
- **Attending Rounds (AR)** - Every day of the week the attending physician will meet with the team for work rounds and teaching rounds. Rounds should include demonstration and evaluation of physical examination techniques. Supervising residents will be required to give short focused presentations to the team on specific aspects of the patients' condition or care.
- **Didactic Session (DS)** – The attending will review selected topics in perioperative medicine each weekday.
- **Noon Conference (NC)** - Every weekday reviews of core topics in inpatient and ambulatory Internal Medicine will be given. Monthly attendance requirement is 70%.
- **Journal Club (JC)** - Monthly discussion and critical examination of selected articles in Internal Medicine.
- **Grand Rounds (GR)** - every Friday at St Luke's Hospital and Truman Medical Hospital.
- **Morbidity and Mortality Conference (M&M)** - monthly presentation of statistics with focused presentation of one disease process.
- **Direct Patient Care (DPC)**
- **Mini CEX (CEX)** – Interns need to be observed and assessed for history taking and physical examination skills.

### **Assessment Mechanisms**

- 1 **Attending Rounds (AR)** – direct discussions with attending physician
- 2 **Morning Report (MR)** – review and discussion of presented case with formation of differential diagnosis and diagnostic plan
- 3 **Clinical Records (CR)** – review of written and dictated medical records with validation and amendment of essential information by attending
- 4 **Mini CEX (CEX)** – direct observation of entire clinical encounter with review and critique of all processes of encounter

**(C) Principal Educational Objectives**

**(1) Patient Care: Provide compassionate, appropriate and effective care for the treatment of disease and at the end of life.**

<b><u>Learning Objective</u></b>	<b><u>Learning venue</u></b>	<b><u>How we assess it</u></b>	<b>Priority</b>	<b>PGY</b>
Obtain a thorough history	AR/DPC	AR/Mini CEX	1	1
Perform thorough physical examinations	AR/DS	AR/Mini CEX	1	2
Define and prioritize patients' medical problems	AR/MR/NC/DPC	AR/MR/CR/Mini CEX		
Generate and prioritize differential diagnoses	AR/MR/NC/DPC	AR/MR/CR/Mini CEX		
Develop rational, evidence based management plan	AR/MR/NC/DPC	AR/MR/CR/Mini CEX		
Implement plans/perform essential procedures	AR/DPC	AR/Mini CEX		
Procedures:				
a. Thoracentesis				
b. Paracentesis				
c. Pulmonary Artery Catheter Insertion				
d. Central Venous Line Insertion				
e. Arterial Line Insertion				
f. Lumbar Puncture				
Recognize common Perioperative Complications and initiate plans to prevent and manage medical	AR/DS	AR	1	2
Understand legal issues pertaining to advanced directives, decision making capacity, competence	AR/DPC	AR	1	3
Develop effective communication skills for end of life care including withholding or withdrawing life sustaining treatment including nutrition, and hospice care.	AR/DPC	AR	1	3

**Learning Objective cont.**

(2) **Medical Knowledge:** Demonstrate and apply basic and clinical science knowledge to critical thinking, problem solving, decision making and patient education.

<b><u>Learning Objective</u></b>	<b><u>Learning venue</u></b>	<b><u>How we assess it</u></b>
Effectively articulate medical knowledge in care of medical inpatients	AR/MR/SR/DPC	AR/MR/CR
Access and critically evaluate current medical information and evidence relevant to patient care	AR/JC	AR/MR/JC

**Clinical Competencies**

**Medical Consultation**

	<b><u>Learning venue</u></b>	<b><u>How we assess it</u></b>	<b><u>Priority</u></b>	<b><u>PGY</u></b>
Drug metabolism, reactions and interactions	AR/DS	AR/CR	1	2
Nutritional assessment	AR/DS	AR	1	2
Physiologic changes in the elderly	AR/DS	AR	1	3
Medical complications of pregnancy	AR/DS	AR	1	3
Acute and chronic renal failure	AR/DS	AR/CR	1	2
Arrhythmias and conduction disturbances	AR/DS	AR/CR	1	2
Chronic Obstructive Pulmonary Disease	AR/DS	AR/CR	1	2
Asthma	AR/DS	AR/CR	1	2
Congestive heart failure	AR/DS	AR/CR	1	2
Coronary artery disease	AR/DS	AR/CR	1	2
Diabetes Mellitus	AR/DS	AR/CR	1	2
Electrolyte disorders	AR/DS	AR/CR	1	2
Hematologic disorders and clotting disorders	AR/DS	AR/CR	1	3
Hematologic disorders and bleeding	AR/DS	AR/CR	1	2
HIV infection	AR/DS	AR/CR	1	3
Infectious diseases/fever	AR/DS	AR/CR	1	3
Obesity	AR/DS	AR/CR	1	2
Psychiatric disease	AR/DS	AR/CR	1	3

**Clinical Competencies**

**Medical Consultation cont.**

Substance abuse	AR/DS	AR/CR	1	2
Thyroid disease	AR/DS	AR/CR	1	2
Valvular heart disease	AR/DS	AR/CR	1	2
Cerebrovascular and other neurologic disorders	AR/DS	AR/CR	1	2
Liver disease/ jaundice	AR/DS	AR/CR	1	2
Rheumatologic disorders	AR/DS	AR/CR	1	2
Acid-base disorders	AR/DS	AR/CR	1	1
ARDS	AR/DS	AR/CR	1	2
Hypertension	AR/DS	AR/CR	1	1
Hypotension/ shock	AR/DS	AR/CR	1	1
Postoperative pain	AR/DS	AR/CR	1	1
Sepsis/ Multisystem Organ Failure	AR/DS	AR/CR	1	2
Thromboembolic disorders	AR/DS	AR/CR	1	1
Volume, tonicity, or electrolyte disorders	AR/DS	AR/CR	1	2
Acute neurological disorders/delerium	AR/DS	AR/CR	1	2
Gastrointestinal dysfunction	AR/DS	AR/CR	1	3
Transfusion reactions	AR/DS	AR/CR	1	2
Antibiotic prophylaxis	AR/DS	AR/CR	1	2
Postoperative pulmonary complications/ -atelectais/ pneumonia/ aspiration	AR/DS	AR/CR	1	3
Reactions to contrast media	AR/DS	AR/CR	1	2
Stress-induced gastrointestinal mucosal disease	AR/DS	AR/CR	1	2

**(3) Practice Based Learning and Improvement: Use scientific methods to evaluate and improve patient care.**

<u>Learning Objective</u>	<u>Learning venue</u>	<u>How we assess it</u>
Identify gaps in knowledge or experience in the care of hospitalized patients.	AR	AR/MR
Demonstrate willingness to learn from errors and use errors to improve the processes of care.	AR/M&M/DPC	AR/MR

**(4) Interpersonal and Communication Skills: Demonstrate the skills to maintain professional relationships with patients, families and other members of the healthcare team.**

<u>Learning Objective</u>	<u>Learning venue</u>	<u>How we assess it</u>
Effective communication with patients, families, all physician and non-physician colleagues.	AR/DPC	AR/CEX
Effective teaching to colleagues	AR/MR/M&M	AR/MR
Clear, concise and timely verbal communication and medical records.	AR/MR/DPC	AR/CR

**5) Professionalism: Commitment to continuous professional development, ethical practice and understanding of diversity.**

<u>Learning Objective</u>	<u>Learning venue</u>	<u>How we assess it</u>
Demonstrate respect and integrity in all professional relationships	AR/DPC	AR/CEX
Adhere to principles of confidentiality and informed consent.	AR/DPC	AR
Participate with the peer review process to include identification of deficiencies to appropriate persons	AR/SR	AR

**(6) System-Based Practice: Understand the systems in which healthcare is provided to improve/optimize patient care.**

<b><u>Learning Objective</u></b>	<b><u>Learning venue</u></b>	<b><u>How we assess it</u></b>
Access and utilize appropriate resources to provide optimal, collaborative care.	AR/DPC	AR/CR
Recognize limitations and opportunities of different systems.	AR/DPC	AR
Apply evidence-based, cost effective strategies to prevention, diagnosis and disease management.	AR/MR/DPC/JC NC	AR/CR

**(C) Recommended Resources**

**Kammerer and Gross' Medical Consultation: The Internist on Surgical, Obstetric, and Psychiatric Services, 3<sup>rd</sup> Edition, Kammerer and Gross, Editors, Lippincott, Williams and Wilkins, 1998**

**Perioperative Medicine: The Medical Care of the Surgical Patient, 2<sup>nd</sup> Edition, Goldmann, Robert Editor, McGraw Hill Publishing, 1994**

**Core Curriculum Didactic Series – Specific Handouts and Reading Assignments**

Update in Perioperative Medicine, Hilty SA, Annals of Internal Medicine, March 16, 2004, 140(6): 452-61.

Perioperative Evaluation and Postoperative Care: The Surgical Patient with Medical Problems. Syllabus of ACP sponsored Jefferson Medical College Meeting, G Merli and H Weiss Meeting Coordinators.

Medical Consultation on Surgical Services: An Annotated Bibliography, Caputo, GM, February 15, 1993, 118(4), 290-7.

Postsurgical Complications in Older Patients. The role of Pharmacological Intervention. Zuccala G, Drugs Aging, 1994 Dec; 5(6): 419-30.

**(D) Evaluation Methods**

**Residents will receive a formal face-to-face, and online evaluation by the attending at the end of each rotation. Attending staff and residents alike are encouraged to provide and seek feedback at each rotation's mid point particularly to address any opportunities for improvement. Residents will also receive anonymous peer evaluations. All evaluations are available to the Program Director. If unfavorable evaluations are identified, the resident will be asked to meet with the Program Director or his/her designee.**

**Each resident will meet with his/her counselor at least twice yearly.**

**Updated: March 2005**